CHATE POARD OF HEALTH
ARIZONA STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS Beginned No.
BUREAU OF VITAL STATISTICS  Registered No. Register
County State
District or Township or Village
City No. No. (If birth occurred in a hospital or institution, give its NAME instead of street and number)
2. Full name of child Ricardo Lasoules (aupplemental report, as directed.
3. Sex of Child To be answered ONLY 4. Twin, triplet or other 6. Legitimate? 7. Date of birth Month Day Year
births.   5. No., in order of birth   Months Day Tear
8. Full name (Ite Facture Full maiden name Rosenda Morrega
9. Residence (Usual place of abode) Islobe, (Usual place of abode)
If non-resident, give place and state.  If non-resident, give place and state.
16. Color or race
10. Color or race  Wheele 11. Age at last birthday 36 (Years) 17. Age at last birthday 32 (Years)
12. Birthplace (city or place) 18. Birthplace (city or place)
(State or country) (State or country)
13. Occupation Selection 19. Occupation
Nature of industry
21. Were precautions taken against oph-
20. Number of children of this mother (a) Born alive and now living thalmia neonatorum?  (b) Born alive but now dead (b) Born alive but now dead (c)
certified and including this chair.)
I hereby certify that I attended the birth of this child, who was (Born slive or fullborn)
*When there was no attending physician or midwife, then the father, householder,
etc., should make this fetulit. A suntoin
shows other evidence of life after birth. (Physician or Midwife).
Given name added from Address Address
a supplemental report Month, day, year
Registrar Registrar